

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 106 16550

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5	/					
6		/				
7		/				
8		/				
9		/				
10	/	/				
11	/	/				
12	X	X				
13	/	/				
14	/	/				
15	X					
16						
17						
18						
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27		/				
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33		/				
34	/	/				
35		/				
36	/	/				
37	/	/				
38	/	/				
39		/				
40	X					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	18					
TOTAL CLAIMS	27					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
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TOTAL DEP.												
TOTAL CLAIMS												